

I. DOJ October/November 2008 Findings for GRC

- DHS received the DOJ assessment findings letter Friday February 5th. During this visit, there were two new substitute experts.
- The letter identifies assessment of compliance and provides significant information as technical assistance to improve our services.
- The letter includes their findings of the circumstances surrounding nine deaths with a focus on care at the time of the terminal event; these reviews were done to determine if there were systemic issues bearing on GRC's compliance with the SRC Plan or with generally accepted professional standards of care. The letter includes overall conclusions and recommendations as well as specific findings for each individual death. The protected health information included in the report is confidential.

A. DOJ Review of GRC Client Deaths:

- In **eight** of the nine deaths information reviewed did not indicate the "existence of systemic issues regarding the care around the terminal event that contributed to the terminal event". DOJ did emphasize concerns about preventative care and other areas that warranted correction.
- In **one** death, where a nurse did not make a timely report to a physician regarding a client's deteriorating condition which ultimately resulted in hospitalization. The expert's opinion was that, "Had the facility responded in a more timely manner, the worsening condition that ultimately led to this person's death **might** (emphasis added) have been abated or stopped."
- The issues DOJ identified to be concerned about—which they noted that GRC's internal process had also identified as well--- included:
 - Assure timely communication regarding health status changes
 - Assure accurate assessment of health care status and attention to specific conditions
 - Assure medical record keeping is accurate regarding time frames
 - Assure monitoring systems reliably identify areas to be addressed

B. GRC Actions Between October and January

- Communication expectations:
 - Nursing protocol was developed and implemented that more clearly delineates nurse-physician communication requirements.
- Health Care Assessments:
 - Revised and implemented facility wide bowel obstruction risk assessment and risk identification process.
 - Conducted and implemented competency based training re "head to toe" assessments with emphasis on abdominal and chest evaluations.
 - Developed and implemented a screening guide, focusing on assessment, identification and interventions of the gastrointestinal system. To date approximately 75% of the nursing staff have been trained.
 - Continued on-campus monthly Gastroenterology Clinic conducted by Creighton University Medical Center and continued sending of clients to CUMC GI specialists.
- Medical
 - Revised documentation procedures for physicians
- Accurate Record keeping
 - Updated electronic medical record to accurately document time of service provision

- Monitoring Processes
 - Adjusted Nursing, Medical and Physical Nutritional Management (PNM) monitoring systems

C. GRC Compliance with Consent Decree

- The Consent Decree has 13 Major Areas comprised of over 228 individual requirements. Each Area has anywhere from 2 to 40 individual requirements.
- Prior to the October/November visit 2008, GRC was in compliance in 4 of the 13 areas: Psychiatry, Neurology, OT/PT and Transition to the Community.

D. DOJ Findings of GRC: Compliance and Improvement:

- DOJ noted significant progress from May to October/November in GRC's clinical care, medical, and nursing. DOJ noted strides in developing and improving PNM.
- The DOJ Expert interviewed the Medical Director and DON and specifically complimented their competent leadership in their respective areas of clinical care.
- GRC has moved 15 individual requirements into compliance
- Specific findings:
 - Protection from Harm---1 requirement moved into compliance
 - Integrated Services and Supports-- 5 requirements moved into compliance. DOJ noted, "person centered planning has improved as have the strategies and supports."
 - Clinical Care —3 requirements moved into compliance. DOJ noted "significant steps forward since May visit".
 - Medical— DOJ expert noted if all things remain the same, compliance is expected.
 - Nursing— 2 requirements moved into compliance. DOJ noted "GRC has continued to devote significant effort toward, and has made improvements in, other areas of nursing
 - Physical Nutritional Management--- DOJ noted GRC "made strides in developing and improving its physical and nutritional management (PNM) programs. DOJ noted that the data tracking key health indicators appears to be generally accurate and shows decline in rates of problematic health indicators. Also monitoring PNM plans has improved. DOJ notes however that not all of these are fully mature and are hopeful this positions GRC to come into compliance.
 - Habilitation- 2 requirements moved into compliance.
 - Psychology-1 requirement moved into compliance.
 - Communication- 1 requirement moved into compliance.
 - Recognition that GRC has implemented a medication variance system vs. a medication error system that reflects best practice.

E. DOJ Findings of GRC: Areas for Attention

- Monthly Integrated Reviews do not yet consistently include data interpretation of habilitation efforts. GRC must apply new protocol for progress justification to behavioral data regarding habilitation.
- Assurance that assessments of individuals going to and returning from acute care facilities are completed.

- Assurance of assessments of and care plans for individuals identified "at risk" are completed accurately.
- PNM assures appropriate client positioning
- Continued efforts to assure monitoring provides reliable data from which improvements can be made.
- Assurance individual communication programs meet needs.

F. GRC Actions to Address

- Client progress toward habilitation goals:
 - MIR monitoring includes review of all habilitation goals and programs to assure that changes are made if there is a lack of progress noted.
- Pre post acute care assessments
 - Monitoring has been increased.
- Individual Assessments:
 - All individuals have been reassessed for positioning 24/7.
 - Implementing a needs assessment 1.) to address preventative measures in GI and respiratory functions 2.) wheel chair needs and 3.) alternate positioning plan
- PNM plans are implemented correctly
 - Modified compliance monitoring frequency based on data analysis, consultant review and needs identification.
- Individual Communication Plans:
 - All residents have current communication assessments
 - Communications programs and plans are being developed and are integrating into the ISP
 - Hired a Supervisor for the speech communications staff.

II. DOJ November 2008 Findings for WRC

- The DOJ findings letter dated Friday February 5th identified that the November visit to WRC focused on Physical and Nutritional Management Services.
- The letter identifies assessment of compliance and provides significant information as well as technical assistance to improve our services.

A. WRC Compliance with Consent Decree

- The Consent Decree has 13 Major Areas for compliance and includes over 228 individual requirements. DOJ congratulated WRC on moving into compliance with the majority of the Consent Decree.

B. DOJ Findings of WRC Compliance and Improvement:

- WRC is now in compliance with the majority (7 of the 9) requirements for PNM.
- WRC remains in compliance with OT/PT Services

C. DOJ Findings: Areas for Attention:

- Correct implementation of PNM plans

- Enhance level of training for staff
- Improve the monitoring process for PNM plans and modify as needed
- Review PNM team participation and expand focus beyond dysphagia
- Improve data analysis
- Review policies and procedures related to response time and documentation

D. WRC Actions between November and January

- Positioning assessments have been completed and are being monitored
- Improved monitoring to identify gaps in service provision for positioning
- Implemented a monthly case review committee to identify service gaps in nursing, medical, and PNM including triggers which may indicate change in client status
- PNM being included in staff annual refresher course training

State Compliance: DOJ Findings Letter

This section of the Decree pertains to the State's responsibilities to assure an individual's health and safety in the community and to the adequacy of services for persons who have moved from the SRCs to more integrated settings.

A. DOJ Findings:

- There are concerns that the State's incident management system is fragmented
- The ability to move persons from the SRC into the community is impacted by the lack of resources

B. Efforts Made

- The Department will provide information about efforts to enhance the current incident management system for Home and Community Based Waiver Services and community based services and the status of the Money Follows the Person Grant that is designed to transition persons who live in ICF/MR facilities into the community.